



## CONTRACTOR PREQUALIFICATION STATEMENT/APPLICATION (CON 16)

### UPDATE CERTIFICATION FORM

**Due June 1st (annually, excluding application year)**

**Instructions and Requirements:** A Contractor's Prequalification Statement/Application (CON 16), when approved by the Department, will be valid for a period of up to three State Fiscal Years (July 1 – June 30), beginning with the initial approval date by the Department, as long as the Department receives this Update Certification Form as required. Failure to comply will result in the contractor's Prequalification Statement being placed in an inactive (on hold) status until the Department receives and approves this Certification.

Prequalified contractors shall update their current approved Prequalification Statement/Application on an annual basis by submitting this Certification Form including all requested information listed below, due by June 1<sup>st</sup> of each year, excluding the application year. This Certification Form and the required attachments listed below, if applicable, must be submitted to and approved by the Department prior to the contractor being issued a Bid Proposal Form (Dept. approval of a Request for Bid Proposal – Part C).

Contractors that intend to renew/continue their prequalification status must submit (re-apply) a new Contractor's Prequalification Statement/Application, due to the Department at least 30 days prior to the Firm's expiration date. The "renewal" period will be valid for the next three State Fiscal Years beginning on July 1, if the Firm's application is approved by the Department prior to, or on July 1, or beginning on the approval date by the Department, if the approval date is after July 1.

### Certification Section

Please answer the questions and provide the following information listed below. Email this signed form including attachments, as a single pdf document, to [dotcontracts@ct.gov](mailto:dotcontracts@ct.gov).

**PRINT LEGAL NAME OF FIRM:** \_\_\_\_\_

1. The Firm's audited or reviewed Financial Statement (annual Non-consolidated) **must be submitted annually upon receipt from the firm's CPA.** Regular mail or email is acceptable.
2. Are there any revisions to your Firm's aggregate bonding capacity and/or bonding letter? ☐ Yes ☐ No If yes, please submit a revised letter from your surety company.
3. Are there any revisions to page 1 of the Firm's current application? ☐ Yes ☐ No If yes, please submit a complete revised page 1.
4. Are there any revisions to page 2, questions 2 – 9, of the Firm's current application? ☐ Yes ☐ No If yes, please submit a complete revised page 2 and any applicable attachments.
5. Are there any revisions to page 3, principal members, of the Firm's current application? ☐ Yes ☐ No If yes, please submit a complete revised page 3 and any applicable attachments.

6. Work Classifications (pages 4 – 8) – Is your Firm requesting approval for new work classification(s)?  
☐ Yes ☐ No If yes, please submit revised pages 4 – 9, including #11, describing the work experience that justifies the Firm’s request.
7. **IF NO REVISIONS/CHANGES ARE NECESSARY**, ☐ please check this box, sign and date this certification, and submit this form as a pdf document to the Contracts Unit’s central email address at [dotcontracts@ct.gov](mailto:dotcontracts@ct.gov). Make sure you have also submitted your Financial Statement as required in #1 above.

This Contractor’s Statement must be submitted in the name of a single firm.  
It cannot be combined with other firms.

I do hereby certify and affirm that all of the information contained in this statement, including all attachments hereto, revising our current Prequalification Statement/Application (CON 16), including the declaration of ownership and organization, the Financial Statement and all supporting schedules and records of experience have been examined by me and to the best of my knowledge and belief are true and accurate. And I hereby authorize the banks, individuals, firms and corporations listed in this application and financial statement to provide to the Connecticut Department of Transportation any and all information requested in connection with this application.

NAME : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

TITLE : \_\_\_\_\_

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Year

\_\_\_\_\_  
Name of Notary Public/ Commissioner of the Superior Court

(Notary seal)

My Commission Expires \_\_\_\_\_

CTDOT Use Only

Date approved by DOT: \_\_\_\_\_

Staff Initials: \_\_\_\_\_